| U.S. Departn<br>United State  | CappfJusti<br>Marshals S  | çr-00317-V<br>Servi <u>ce</u>                       | VKW-WC           |               | Document        | 52             | PRIOC  | 6829/E                          | ŒIPT⊨AŊ                     |   |                  |  |
|---|---|---|------------------|---------------|-----------------|----------------|--|---------------------------------|-----------------------------|---|------------------|--|
| PLAINTIFF<br>UNITED STA   |   | COURT CASE NUMBER 3:07cr317-WKW                     |                  |               |                 |                |  |                                 |                             |   |                  |  |
| DEFENDANT<br>ROBERT DO  |   | TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE     |                  |               |                 |                |  |                                 |                             |   |                  |  |
| SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  |   |   |                  |               |                 |                |  |                                 |                             |   |                  |  |
| ♦<br>AT   | ONE COLT .25 CALIBER SEMI-AUTOMATIC PISTOL, SERIAL # 0D38623  ADDRESS (Street or RFD, Apartment No., Cuty, State, and ZIP Code) |   |                  |               |                 |                |  |                                 |                             |   |                  |  |
| c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104   |   |   |                  |               |                 |                |  |                                 |                             |   |                  |  |
| SEND NOTICE (   | REQUESTER AT  | Number of process to be served with this Form - 285 |                  |               |                 |                |  |                                 |                             |   |                  |  |
|   | Number of parties to be served in this case   |   |                  |               |                 |                |  |                                 |                             |   |                  |  |
| United States Attorney's Office Post Office Box 197 Montgomery, Alabama 36101-0197  |   |   |                  |               |                 |                |  |                                 | Check for service on U.S.A. |   |                  |  |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)   |   |   |                  |               |                 |                |  |                                 |                             |   |                  |  |
| AGENCY # 776045-07-0166   |   |   |                  |               |                 |                |  |                                 |                             |   |                  |  |
| Signature of Atto   | rney or other Orig  | cinator readesting                                  | service on bet   | nalf of :     |                 | <br>1          | DI AINITIEE  | TELEPHONE NUMBER                |                             |   | DATE             |  |
| Jonns   | rie Bros  | in ford   | wat              |               |                 |                | PLAINTIFF<br>DEFENDANT                             | (334) 22 <u>3-7280</u> 08/20    |                             |   | 20/08            |  |
| SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE   |   |   |                  |               |                 |                |  |                                 |                             |   |                  |  |
| total number of p<br>indicated.   | umber of process Origin Serve   |   |                  |               |                 | Signature of A | dignature of Authorized USMS Deputy or C1;erk Date |                                 |                             |   |                  |  |
| (Sign only first USM 285 if more than one USM 285 is submitted)  No |   |   |                  |               |                 |                |  |                                 |                             |   |                  |  |
| □ I hereby certify  | and return that I   | am unable to locat                                  | e the individu   | ıal. com      | pany, corporati | оп, е          | tc., named above                                   | : (See remai                    | rks below).                 |   |                  |  |
| Name and title of individual served (If not shown above).  A person of suitable age and discretion then residing in the defendant's usual place of abode.   |   |   |                  |               |                 |                |  |                                 |                             |   |                  |  |
| Address (complete only if different than shown above)   |   |   |                  |               |                 |                |  |                                 | of Service Time             |   |                  |  |
| 2/2/03 pm 2:4-  |   |   |                  |               |                 |                |  |                                 |                             |   | >2:42            |  |
|   |   | Signatur  | e of U.S.Marshal | or Dep        | uty<br>- ATF    |                |  |                                 |                             |   |                  |  |
| Service Fee   | Total Mileage<br>Charges<br>(including<br>endeavors)  | Charges<br>(including                               |                  | Total Charges |                 | Ac             | Ivance Deposits                                    | Amount Owel to US<br>Marshal or |                             |   | Amount or Refund |  |
| REMARKS:  |   |   |                  |               |                 | <u> </u>       |  | 1                               |                             | L |                  |  |
|   |   |   |                  |               |                 |                |  |                                 |                             |   |                  |  |
|   |   |   |                  |               |                 |                |  |                                 |                             |   |                  |  |
|   |   |   |                  |               |                 |                |  |                                 |                             |   |                  |  |
|   |   |   |                  |               |                 |                |  |                                 |                             |   |                  |  |

FORM USM 285 (Rev. 12/15/80)

PRIOR EDITIONS MAY BE USED Case 3:07-cr-00317-WKW-WC Document 52 PROCESS RECEIPT AND RETURN United States Marshals Service

| PLAINTIFF UNITED STATES OF AMERICA   |  |  |             |                       |           |                      |       |                 |             | COURT CASE NUMBER 3:07cr317-WKW                 |  |                  |  |
|--|--|--|-------------|-----------------------|-----------|----------------------|-------|-----------------|-------------|---|--|------------------|--|
| DEFENDANT ROBERT DOUGLAS BARNETT   |  |  |             |                       |           |                      |       |                 |             | TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE |  |                  |  |
| SERVE  | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
| •  | ONE SMITH & WESSON .357 CALIBER REVOLVER, SERIAL # N375653   |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
| AT   | ADDRESS (Stre  | ADDRESS (Street or RFD, Apartment No. City, State, and ZIP Code) |             |                       |           |                      |       |                 |             |   |  |                  |  |
| c/o ATF, 2 North Jackson Street, Suite 404, Montgomery, Alabama 36104  |  |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:  Number of process to be served with this Form - 285  |  |  |             |                       |           |                      |       |                 |             |   | 1                                      |                  |  |
| Tommie Brown Hardwick Assistant United States Attorney   |  |  |             |                       |           |                      |       |                 |             | of parties to be<br>n this case                 |  |                  |  |
| United States Attorncy's Office Post Office Box 197 Montgomery, Alabama 36101-0197   |  |  |             |                       |           |                      |       |                 | Check f     | or service on U.S.A                             |  |                  |  |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)  |  |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
| AGENCY # 776045-07-0166  |  |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
| Signature of Atto  | rney or other Orig   | W.   | desting s   | ervice on bei         | half of . |                      |       | LAINTIFF        |             | TELEPHONE NUMBER                                |  | DATE             |  |
| January John John John John (334) 223-7280 08/20/08  |  |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
| SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE  |  |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
| l acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)  Total Process No   |  |  |             | District of<br>Origin |           | District to<br>Serve |       | Signature of A  | Authorize   | d USMS Deputy or Cl                             | erk;                                   | Date             |  |
| than one USM 28  | 35 is submitted)   | No No  |             | No                    |           |                      |       |                 |             |   |  |                  |  |
| I hereby certify and return that I $\square$ have personally served, $\square$ have legal evidence of service, $\square$ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., shown at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. |  |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
| □ [ hereby certify   | and return that I  | am unabl   | e to locate | the individ           | ual, comp | pany, corporation    | on, e | tc, named abov  | ve (See re  | marks below).                                   |  |                  |  |
| Name and title of individual served (If not shown above).  A person of suitable age and discressiding in the defendant's usual pabode.   |  |  |             |                       |           |                      |       |                 |             |   | nd discretion then<br>s usual place of |                  |  |
| Address (complete only if different than shown above)  Da  |  |  |             |                       |           |                      |       |                 |             | of Service                                      | Γime<br>am                             |                  |  |
|  |  |  |             |                       |           |                      |       |                 | Q           | d2108 c   | pm                                     | )24~             |  |
|  |  |  |             |                       |           |                      |       |                 |             | Signature of U.S. Marshalor Deputy              |  |                  |  |
| Service Fee  | Total Mileage<br>Charges<br>(including   | Forward  |             | ling Fee              | Total C   | Charges              | Ad    | ivance Deposits | Amo<br>Mars | unt Owed to US<br>that or                       | <i>A</i>                               | Amount or Refund |  |
|  | endeavors)   |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
| REMARKS.   |  |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
|  |  |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
|  |  |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
|  |  |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
|  |  |  |             |                       |           |                      |       |                 |             |   |  |                  |  |
|  |  |  |             |                       |           |                      |       |                 |             |   |  |                  |  |